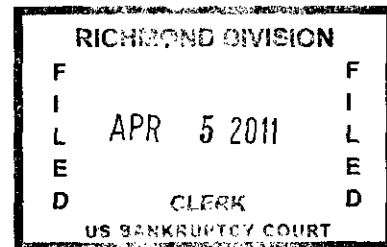


March 25, 2011

In re: Circuit City Stores Inc.,

Chapter 11

Case No. 08-35653-KRH



From: Claimant: Melissa Michelle Gillard

9255 Tamarack Ave

Sun Valley, Ca 91352-1324

Telephone: (818) 422-2870

E-mail: mel.gillard@gmail.com

Claim Number: 8522

PRF No. 38043

Amount Claimed as Filed: \$2,689.40

**NOTICE OF CLAIMANTS APPEAL OF THE LIQUIDATING TRUST'S NINETEETH  
OMNIBUS OBJECTION TO CERTAIN EMPLOYEE PRIORITY CLAIMS: NO  
LIABILITY; NOT ENTITLED TO PRIORITY; ALLOW UP TO THE STATUTORY  
CAP; AND RECLASSIFY, AS APPLICABLE (MISCELLANEOUS HR PRIORITY  
CLAIMS)**

To: Clerk of Bankruptcy Court

United States Bankruptcy Court

701 East Bound Street - Room 4000

Richmond, Virginia 23219

Jeffrey N. Pomerantz, Esq.

Andrew W. Caine, Esq.

(admitted *pro hac vice*)

PACHULSKI STANG ZIEHL & JONES LLP

10100 Santa Monica Boulevard

Los Angeles, California 90067-4100

Telephone: (310) 277-6910

Telecopy: (310) 201-0760

Lynn L. Tavenner, Esq. (VA Bar No. 30083)

Paula S. Beran, Esq. (VA Bar No. 34679)

TAVENNER & BERAN, PLC

20 North Eighth Street, 2<sup>nd</sup> Floor

Richmond, Virginia 23219

Telephone: (804) 783-8300

Telecopy: (804) 783-0178

NO COPY PROVIDED FOR RETURN

NO RETURN ENVELOPE PROVIDED

**Dear Bankruptcy Court/To Whom It May Concern,**  
**Re: Claimant: Melissa Michelle Gillard**  
**Claim: 8522**

On October 03, 2008 I filed a wage claim with Division of Labor Standards Enforcement.

On November 03, 10 and 18, 2008 I called Deputy Johnson to check the status of my claim.

On November 25, 2008 I received a notification from DSLE that I must further pursue my claim with the Bankruptcy Court.

On January 27, 2009 I mailed all supporting documents to the Bankruptcy Court to pursue my case "08-35653."

On August 31, 2009 I mailed additional supporting documents to the Bankruptcy Court for my case "08-35653" with an attached concise statement of my claim and why I opposed the relief requested in the Objection.

On February 24, 2011 I represented myself in court by telephone.

Above are the pursuance of my case "08-35653." I have responded to each objection in a timely manner. I would like to further pursue and serve a written response to the "Reclassified General Unsecured Claim." I have made many efforts towards my "Allowed Priority Claim" and I am legally entitled to what I have filed in October of 2008 (California Labor Code Section 203); Total wages for 8 hours at \$13.25 per hour earned from May 19, 2008 to May 21, 2008, claiming \$106 and also alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of \$86.13 per day until paid, but not to exceed thirty days claiming a grand total of \$2,689.90.

**Exhibit A. A DECLARATION OF A PERSON WITH PERSONAL KNOWLEDGE OF THE RELEVANT FACTS THAT SUPPORT THE RESPONSE.**

**Exhibit B. COPY OF THE CALIFORNIA STATE LABOR CODE SECTION 203**

**Exhibit C. PREVIOUS EVIDENCE SENT TO THE COURT**

**C1: TIMESHEET AND MANUEL TIMESHEET OF UNPAID HOURS**

**C2: NOTICE OF CLAIM FILED**

**C3: NOTICE TO FILE CLAIM WITH BANKRUPTCY COURT**

**C3: FORM TO FILE CLAIM WITH BANKRUPTCY COURT**

**C4: DESCRIPTION OF WHY CLAIM WAS FILED**

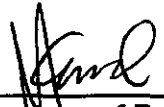
**C5: CONCISE STATEMENT OF MY CLAIM AND WHY I OPPOSED THE RELIEF REQUESTED IN THE OBJECTION**

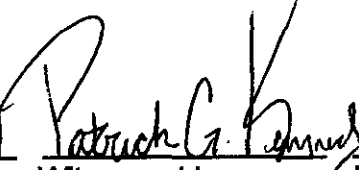
# EXHIBIT A

Dear Bankruptcy Court/To Whom it May Concern, March 25, 2011

I MELISSA M. GILLARD / Melissa Gillard (Declarant), am a resident of Sun Valley, County of Los Angeles, State of California, and do hereby certify, swear, or affirm and declare that I am competent to give the following declaration based upon my personal knowledge, unless otherwise stated, and that the following facts and things are true and correct to the best of my knowledge: I do hereby legally declare that during the entire time I was employed at Circuit City store 0419 in Woodland Hills, California (2007-2008) According to California State Law I am legally entitled to the claim I have filed in October of 2008; claiming \$106 from 8 hours of work at \$13.25 an hour earned from 05/19/2008 to 05/21/2008. As well as additional wages accrued pursuant to California Labor Code Section 203 as a penalty at the rate of \$86.13 per day until paid, but not to exceed thirty days for an amount of \$2,583.90. Claiming a grand total of \$2,689.90. A total amount that I have not yet received. Management was fully aware of this ongoing situation and never actively did anything to relieve the problem, which I understand continued until the final closing of the store in March of 2009. I declare under penalty of perjury that the foregoing is true and correct, and would be my testimony if I were in a court of law. If you have any questions and/or need further clarification, please do not hesitate to contact me or my witness who is also aware of the above situation as this not only affected me but almost all the employees in the store. Former employees, Tia Eshou, Rebecca Mora and Ana Samofalova all filed claims with the Van Nuys, California DLSE for Labor Code 203 violations and the presiding judge ruled in their favor on all counts for all three claimants. I can be reached at the following phone numbers and/or email address printed below.

Sincerely,

  
\_\_\_\_\_  
Signature of Declarant  
Melissa M. Gillard  
(818) 422-2870  
[mel.gillard@gmail.com](mailto:mel.gillard@gmail.com)

  
\_\_\_\_\_  
03/31/11 DATE Witnessed by DATE  
Patrick G. Kennedy  
(818) 793-6643  
[patgenken@yahoo.com](mailto:patgenken@yahoo.com)

**EXHIBIT B**

Dear Bankruptcy Court/To Whom It May Concern,  
Re: Claimant: Melissa Gillard  
Claim: 8522

California State Labor Code: Taken directly from [www.legalinfo.ca.gov](http://www.legalinfo.ca.gov) website

"203. (a) If an employer willfully fails to pay, without abatement or reduction, in accordance with Sections 201, 201.3, 201.5, 202, and 205.5, any wages of an employee who is discharged or who quits, the wages of the employee shall continue as a penalty from the due date thereof at the same rate until paid or until an action therefor is commenced; but the wages shall not continue for more than 30 days. An employee who secretes or absents himself or herself to avoid payment to him or her, or who refuses to receive the payment when fully tendered to him or her, including any penalty then accrued under this section, is not entitled to any benefit under this section for the time during which he or she so avoids payment.

(b) Suit may be filed for these penalties at any time before the expiration of the statute of limitations on an action for the wages from which the penalties arise."

EXHIBIT C

## TIMESHEET

Mgr: 000000 PERIOD END: 5/21/08

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	5
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FRI 5/ 9 8:09a 12:04p 1:04p 5:02p ✓ 8.00 . 0 . 0 . 0 8.00

SAT 5/10	5:01p	8:19p	8:49p	11:00p✓	5.50	. 0	. 0	. 0	5.50
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SUN 5/11 1/1	. 0	. 0	. 0	. 0	. 0
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MON	5/12	9:13a	12:07p	12:59p	3:53p ✓	5.75	. 0	. 0	. 0	5.75
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TUE 5/13 11:50a	2:29p	3:29p	6:05p ✓	5.25	. 0	. 0	. 0	5.25
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WED 5/14 11:31a 3:09p ✓ 3.75 . 0 . 0 . 0 3.75

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28.25	28.25

THU 5/15	1.4217	.0	.0	.0	.0	.0
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FRI 5/16 7:51a 12:00p 1:42p 4:54p✓ 7.25 . 0 . 0 . 0 7.25

SAT	5/17	5:00p	6:39p	7:49p	11:14p ✓	5.00	. 0	. 0	. 0	5.00
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SUN 5/18 7:36a 9:30a	(	2.00	. 0	. 0	. 0	2.00
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MON	5/19	9:00a	12:01p	1:01p	4:01p	6.00	. 0	. 0	. 0	6.00
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TUE 5/20			. 0	. 0	. 0	. 0	. 0
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WED 5/21 12:30P 1-4 .0 .0 .0 .0 .0

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20.25

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20.25

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48.50	48.50

COMMENT:  
EMP. SIGNATURE:

MGR. SIGNATURE: *[Signature]*

I REFUSE TO SIGN, I DID NOT GET PAID ON 05/21. 06-1230 1-4PM ARE THE PUNCH IN AND OUTS. ALSO ON 05/19 I WORKED UNTIL 430 P.M.

**EXHIBIT C**

**HOURLY TIME SHEET**

**CIRCUIT CITY**

Fax Timesheet to:

(281) 298-0845

NAME: MELISSA GILLARD JOB TITLE: CDA SUP

SOCIAL SECURITY # 606706537

LOCATION # 0419

PERIOD ENDING 05/21/08

DAYS	DATE	IN	OUT	IN	OUT	IN	OUT	REG	OT	PTO	FUNER	REMOD	WEATH	MISC	TOTAL
THU															
FRI															
SAT															
SUN															
MON															
TUE															
WED															
THU															
FRI															
SAT															
SUN															
MON	05/19														
TUE															
WED	05/21	6:00AM	12PM		4PM										

BI-WEEKLY TOTAL

MANAGER'S COMMENTS

PUNCH IN ON 5/21 @  
1230p (TOTAL OF 7 HOURS)  
BY CHRIS GIOVANNI TO  
DO SALES.

MELISSA GILLARD

EMPLOYEE PRINTED NAME

*Melissa*

EMPLOYEE SIGNATURE

*Rita Particelli*

MANAGER'S PRINTED NAME

*Rita Particelli*

MANAGER'S SIGNATURE

5-28-08

DATE

I HEREBY CERTIFY THAT THE HOURS LISTED ABOVE ARE THE TOTAL HOURS WORKED BY ME DURING THE INDICATED PERIOD.

Direct any correspondence to:

Main Document Page 7 of 11

LABOR COMMISSIONER, STATE OF CALIFORNIA

Department of Industrial Relations

Division of Labor Standards Enforcement

6150 Van Nuys Boulevard, Room 206

Van Nuys, CA 91401

Tel: (818) 901-5315 Fax: (818) 901-5307

**EXHIBIT C2**

**PLAINTIFF:** Melissa Michelle Gillard  
9255 Tamarack Avenue  
Sun Valley, CA 91352-1324

**DEFENDANT:** Circuit City  
6401 Canoga Avenue  
Woodland Hills, CA 91367

State Case Number

17 - 50567 SJ

**NOTICE OF CLAIM FILED**

A notice of your claim has been mailed to the above named defendant.

Your complaint was described as follows:

**Wages for 7.5 hours at \$13.25 per hour earned from 5/19/08 to 5/21/08, claiming \$99.38.**

**TOTAL CLAIMED = \$99.38**

☒ and also alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of ~~\$86.13~~ per day until paid, but not to exceed thirty days.

☐ and also alleging additional wages accrued pursuant to Labor Code Section 203.1, as a penalty of ..... per day for issuance of an insufficient payroll check for an indeterminate number of days not to exceed thirty days.

In addition you may be subject to penalties due to the State of California, which may be assessed pursuant to Labor Code Section 210.

This claim may be settled immediately by mailing to this office a check or money order made payable to the **Plaintiff**. If the claim is disputed your employer will submit a written statement **in duplicate** of the facts and include payment of any amount conceded due, **plus penalties**. Payment must be accompanied by a separate or detachable itemized statement of any deductions made as provided by the Labor Code. No payroll deductions will be made from the amounts paid as penalties but you must report this amount as income.

We requested a written reply, in duplicate, to this letter within 10 days from the date below.

If this claim is not settled, it will be resolved as provided by Section 98 of the California Labor Code.

DATED: October 3, 2008

Susan Johnson  
818-901-5308

Deputy Labor Commissioner

Department of Industrial Relations  
DIVISION OF LABOR STANDARDS ENFORCEMENT  
6150 Van Nuys Boulevard, Room 206  
Van Nuys, CA 91401  
Tel: (818) 901-5315 Fax: (818) 901-5307



November 25, 2008

Melissa Michelle Gillard  
9255 Tamarack Avenue  
Sun Valley, CA 91352-1324

Reply to: 17 - 50567 SJ

**EXHIBIT C3**

RE: Your claim v. Circuit City Stores, Inc.

Dear Ms. Gillard

Please be advised that the above mentioned employer has filed for bankruptcy protection. Therefore, we have no jurisdiction and are closing our file.

Please see the copy of filing attached. It is imperative that you file a claim with the Bankruptcy Court listed below.

The address for the Bankruptcy Court is as follows:

United States Bankruptcy Court For the Eastern District of.....  
Virginia, Richmond Division Case Nos. 08-35653 thru 08-35670.....  
CONTACT FOR FILING SECTION 503(b) (9) CLAIM FORM:..  
c/o Kurtzman Carson Consultants LLC.....  
2335 Alaska Avenue.....  
El Segundo, CA 90245.....

Sincerely,

Susan Johnson

Susan Johnson

Deputy Labor Commissioner



COPY

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <b>CIRCUIT CITY STORES, INC (TAX ID NO. 54-0493875)</b>		Case Number: <b>08-35653</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>MELISSA GILLARD</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>MELISSA GILLARD 9255 TAMARACK AVE SUN VALLEY, CA 91352</b>		Court Claim Number: _____ (If known)
Telephone number: <b>818 4222810 / 818 7680979</b>		Filed on: _____
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <b>2,684.98</b>		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.		Specify the priority of the claim.
If all or part of your claim is entitled to priority, complete item 5.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. <b>LABOR CODE SECTION 203 VIOLATION</b>		<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507 (a)(4).
2. Basis for Claim: <b>CA LABOR CODE VIOLATION</b> (See instruction #2 on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(9).
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.		<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		Amount entitled to priority: \$ _____
Describe:		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Value of Property: \$ _____ Annual Interest Rate: %		
Amount of arrearage and other charges as of time case filed included in secured claim,		
if any: \$ _____ Basis for perfection: _____		
Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)		
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: <b>12/17/08</b>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>Maele</b>	<b>RECEIVED</b> <b>JAN 29 2009</b> KURT ZIMAN CARSON CONSULTANTS

Penalty for presenting fraudulent claim: Fine of

th. 18 U.S.C. §§ 152 and 3571.

EXHIBIT C3

**EXHIBIT C4**

December 17, 2008

To Whom It May Concern,

I, Melissa Michelle Gillard, filed a wage claim with the Division of Labor Standards Enforcement (DLSE) against Circuit City Inc. Wages for 8 hours at \$13.25 per hour earned from 05/19/2008 to 05/21/08, claiming a total of \$106. Also, alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of \$86.13 per day until paid, but not to exceed thirty days. A total of \$2,689.90.

Detailed Description of Claim: On 05/19/08, I was clocked out at 4:01pm however, was still working another half hour helping with customer returns. On 05/21/08 my timesheet only reflects the time that I came back from lunch. I came in at 6 a.m. went to lunch at 12 p.m. came back at 12:30 p.m. and clocked out for the day at 2 p.m. With both days, totaling 8 hours, I was not paid for. My dates of employment were 06/15/07 to 06/05/08. I received my "final" check on 06/10/08. This specific check did not include 05/19/08, 05/21/08, and 06/05/08. I informed my manager, Ron Particelli, of the matter and he said he would take care of it. On 07/02/08 I received a check for 06/05/08 but not for the other two days. Mr. Particelli said he would give me a call when the check came in. I did not hear from him as I tried to contact him on several occasions. Finally, on 10/03/08 I filed a wage claim with DLSE. My Deputy Labor Commissioner was Susan Johnson. On 11/03/08, 11/10/08, and 11/18/08 I called Deputy Johnson to check the status of my claim. I received a notice after Thanksgiving that I must pursue my claim with the Bankruptcy Court.

The following pages are supporting documents. The first page is my notice of claim filed. Attached to that is my timesheet with a manual timesheet to adjust the times of 05/19/08 and 05/21/08 that is faxed to the Corporate offices of Circuit City. The last two pages is the notice sent from DSLE to pursue my claim with the Bankruptcy court and a copy of my claim with the court.

If any further information is needed please feel free to contact me. Thank you for your time as it is greatly appreciated.



Melissa M. Gillard  
(818) 689-6584  
9255 Tamarack Ave  
Sun Valley, Ca. 91352

## EXHIBIT C5

To Whom It May Concern,

I oppose the relief requested in the Objection and pursue to file and serve a written response to the Objection. Listed below is a concise statement as to why the Bankruptcy Court should overrule the Objection. Also, attached to this statement are copies of documentation/evidence of the Claim.

According to California State Law I am legally entitled to what I have filed in October of 2008; Total wages for 7.5 hours at \$13.25 per hour earned from 5/19/08 to 5/21/08, claiming \$99.38 and also alleging additional wages accrued pursuant to Labor Code Section 203 as a penalty at the rate of \$86.13 per day until paid, but not to exceed thirty days totaling an amount of \$2,689.90. Thus, being the main reason why the Bankruptcy Court should overrule the objection.

Exhibit A identifies the notice of claim filed.

Exhibit B identifies the description/explanation of why claim was filed.

Exhibit C identifies evidence as I was not paid for the total hours